

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7		2				
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37	1					
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53	1					
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64		5				
65		5				
66		4				
67		5				
68		4				
69		5				
70		5				
71		5				
72		5				
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	23					
TOTAL CLAIMS	102					